

UnitedHealthcare Pharmacy  
Clinical Pharmacy Programs

Program Number	2019 P 3058-7
Program	Step Therapy
Medication	Soolantra (ivermectin cream)
P&T Approval Date	7/2015, 7/2016, 7/2017, 7/2018, 7/2019
Effective Date	10/1/2019; Oxford only: 10/1/2019

**1. Background:**

Soolantra is indicated for the treatment of inflammatory lesions of rosacea.

Step Therapy programs are utilized to encourage the use of lower cost alternatives for certain therapeutic classes. This program requires a member to try an oral tetracycline based antibiotic and topical metronidazole 0.75% cream, gel or lotion (generic Metrocream, Metrogel, Metrolotion) before providing coverage for Soolantra.

**2. Coverage Criteria<sup>a</sup>:**

<p><b>A. Soolantra</b> will be approved based on the following criterion:</p> <ol style="list-style-type: none"> <li>1. History of failure, contraindication or intolerance to <b>both</b> of the following medications: <ol style="list-style-type: none"> <li>a. an oral antibiotic (i.e. doxycycline*, minocycline, tetracycline)</li> <li>b. metronidazole 0.75% cream, gel or lotion (generic Metrocream, Metrogel, Metrolotion)</li> </ol> </li> </ol> <p style="text-align: center;"><b>Authorization will be issued for 12 months.</b></p> <p><sup>a</sup> State mandates may apply. Any federal regulatory requirements and the member specific benefit plan coverage may also impact coverage criteria. Other policies and utilization management programs may apply.</p>
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\*Adoxa tablets (multi-source brand only), Adoxa Pak, Doryx, Monodox 50 mg and 100 mg (multi-source brand only), Monodox 75 mg, Morgidox Kit are typically excluded

**3. Additional Clinical Rules:**

- Notwithstanding Coverage Criteria, UnitedHealthcare may approve initial and re-authorization based solely on previous claim/medication history, diagnosis codes (ICD-10) and/or claim logic. Use of automated approval and re-approval processes varies by program and/or therapeutic class.



from coverage. Tried/Failed criteria may be in place. Please refer to plan specifics to determine exclusion status.

**4. References:**

1. Soolantra prescribing information. Fort Worth, TX: Galderma Laboratories, L.P.; May 2018.
2. Goldgar, C, Keahey DJ, Houchins, J. Treatment options for acne rosacea. *Am Fam Physician*. 2015; 92 (3):187-196.

Program	Step Therapy – Soolantra
<b>Change Control</b>	
Date	Change
7/2015	New program.
8/2015	Administrative update. Added Maryland Continuation of Care.
7/2016	Annual Review. Added metronidazole 0.75% cream or lotion as step 1 options. Modified authorization timeframe. Updated references. Added Indiana and West Virginia coverage information.
11/2016	Administrative change. Added California coverage information.
7/2017	Annual review. State mandate reference language updated.
7/2018	Annual review. Updated references.
12/2018	Administrative change to add statement regarding use of automated processes.
7/2019	Annual review. No changes.